



Date Form Completed: ____/____/____

Higher Education Coordinating Board
DISPLACED HOMEMAKER PROGRAM (DHP)

2003-2005 INSTRUCTIONAL SERVICES FOLLOW-UP FORM

Contractor: <<ContractorName>>

Client #: X X ____

Are you currently employed? ☐ Yes ☐ NoAre you currently enrolled in an education or training program? ☐ Yes ☐ No**Education Information****Highest level of education you have completed:**

- | | |
|--|---|
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Masters Degree |
| <input type="checkbox"/> High School diploma | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Some post high school | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Certificate | |

If you are currently enrolled in training or education, please answer the following questions:

Where are you getting your training or education?

- | | |
|--|---|
| <input type="checkbox"/> Community College | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> Vocational/Technical School | <input type="checkbox"/> Business School |
| <input type="checkbox"/> Four-Year College | <input type="checkbox"/> Other (name of program): _____ |

How long will the training or education last?

- | | |
|---|--|
| <input type="checkbox"/> 6 months or less | <input type="checkbox"/> 19-24 months |
| <input type="checkbox"/> 7-12 months | <input type="checkbox"/> more than 2 years |
| <input type="checkbox"/> 13-18 months | |

Employment Information

Are you: (check only one)

- ☐ Employed by employer(s)
☐ Self-employed
☐ Employed by an employer *and* self-employed
☐ Not working at this time

How long have you been at **your primary** job?

- ☐ Less than 6 months ☐ 6 months or more

Hours per week you are:

Employed by employer(s): _____

Self-employed: _____

What is your monthly salary?

From an employer: \$ _____

From self-employment: \$ _____

Is your **primary** job:
(check only one)

- ☐ Permanent
☐ Temporary
☐ Seasonal

Do you receive any of the following
benefits from your **primary** job?☐ Yes ☐ No

- Health Insurance
- Pension/Retirement Plan
- Life Insurance
- Disability Insurance
- Annual/ Sick leave

What type of work do you perform at your **primary** job? (check only one)

- | | |
|---|---|
| <input type="checkbox"/> Health Care (C.N.A./Caregiver, etc.) | <input type="checkbox"/> Production/Assembly |
| <input type="checkbox"/> Clerical/ Secretarial | <input type="checkbox"/> Managerial/Administrative |
| <input type="checkbox"/> Residential Housekeeper | <input type="checkbox"/> Food Service (fast food, waiter, etc.) |
| <input type="checkbox"/> Cashier/ Retail Sales | <input type="checkbox"/> Child Care (day care, preschool, etc.) |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Education (K-12 teacher's asst., etc.) |
| <input type="checkbox"/> Transportation (bus driver, etc.) | <input type="checkbox"/> Other: _____ |

If you are employed, did your participation in the DHP somehow prepare you to find/ apply for/ get this job?

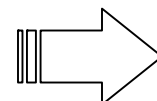
☐ Yes ☐ No*Please complete other side*

Exhibit D

Date Form Completed: ____/____/____

Financial InformationRecord the amount of money you receive per month from the following sources:

Net Income from your current employment:	\$
Net Income from your Self Employment:	\$
Temporary Assistance for Needy Families (TANF):	\$
Food Stamps:	\$
Child Support:	\$
Spousal Support/ Alimony:	\$
My own Social Security/ Pension:	\$
My own Disability Benefit (SSI or Military):	\$
My own Unemployment benefits:	\$
GAU:	\$
Other: _____:	\$

I certify that, to the best of my knowledge, all information provided on this Follow-up Form is complete and accurate.

Participant Signature_____
Staff Signature_____
Date**SAMPLE**